

SAMPLE REUSE LETTER

(DATE)

Ned Burford, Director
Centers for Medicare & Medicaid Services
Division of Data Liaison and Distribution (DDLDD)
Enterprise Databases Group
7500 Security Boulevard
Mailstop: N2-04-27
Baltimore, MD 21244-1850

Dear Mr. Burford:

I am requesting permission to reuse the _____(Data File(s) Name)_____ for the year _____ to complete the research. I will be using these data for a study entitled, _____ for which I have enclosed the Data Use Agreement and Research Protocol. The purpose of this study is _____(Brief Description)_____.

I am also requesting to reuse the _____(Data File Name and Year)_____. These data were originally given to me for the study entitled _____ under DUA ____ (Number)_____.

I also would like to extend DUA ____ (Number)____ which is related to the study for which we are requesting the reuse of the data.

Thank you in advanced for your attention to this data request. If you have any questions, please contact _____(Name of Contact Person)____ at ____ (Phone Number)_____.

Sincerely,

(Signature of Requestor)
(Title)

Enclosures